

2328

MARGIN RESERVED FOR BLEEDING  
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Graham</u>		State <u>Arizona</u>	
District or Township		City <u>Bonita</u>		No. _____	
City <u>Bonita</u>		or Village _____		Registered No. <u>93</u>	
2. FULL NAME <u>William Whelan Jr.</u>		No. _____		St. _____ Ward _____	
(a) Residence, No. _____		(Usual place of abode)		St. _____ Ward _____	
Length of residence in city or town where death occurred <u>15 yrs. 10 mos. 11 ds.</u>		How long in U. S. if of foreign birth? yrs. mos. ds.		(If non-resident, give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOW-ED or DIVORCED.			
<u>male</u>	<u>White</u>	<u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>10/21/1912</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
<u>15</u>	<u>10</u>	<u>11</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>ranch work</u>					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Cascabel</u>					
(State or country) <u>Cochise Co. Ariz.</u>					
10. NAME OF FATHER <u>William Whelan</u>					
11. BIRTHPLACE OF FATHER <u>Tucson</u>					
(State or country) <u>Pima Co. Ariz.</u>					
12. MAIDEN NAME Y. Leon OF MOTHER					
13. BIRTHPLACE OF MOTHER <u>Tucson</u>					
(State or country) <u>Pima Co Ariz.</u>					
14. Informant <u>William Whelan</u>					
(Address) <u>Bonita, Ariz.</u>					
15. Filed <u>Oct-8-</u> 1928 <u>J. W. Stratton</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Sept. 2 1928</u>					
Month _____ Day _____ Year _____					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____					
that I last saw h. _____ alive on _____, 19____					
and that death occurred, on the date stated above, at _____					
The CAUSE OF DEATH* was as follows:					
<u>Killed instantly by lightning</u>					
<u>No physician attended</u>					
(duration) _____ yrs. _____ mos. _____ ds.					
CONTRIBUTORY (Secondary) _____					
(duration) _____ yrs. _____ mos. _____ ds.					
18. When was disease contracted _____					
If not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____					
(Signed) <u>William Whelan, Father</u>					
<u>9/2 1928</u> (Address) <u>Bonita, Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, <u>Crematorium</u>				DATE OF BURIAL	
<u>Bonita, Ariz.</u>				<u>Sept. 3 1928</u>	
20. UNDERTAKER				ADDRESS	
<u>Frank J. Hollman</u>				<u>Willcox, Ariz.</u>	